Entity Name: THREE MEADOWS PHASE IV HOMEOWNERS ASSOCIA	TION, Secretary of State CC2717721327
Current Principal Place of Business:	
1190 MEADOW LAKE ROAD ROCKLEDGE, FL 32955	
Current Mailing Address:	
P.O. BOX 560107 ROCKLEDGE, FL 32956	
FEI Number: 59-3400615 Name and Address of Current Registered Agent:	Certificate of Status Desired: No

BONENFANT, BRENDA 1190 MEADOW LAKE ROAD ROCKLEDGE, FL 32955 US

The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE	BRENDA BONENFANT			02/07/2017
	Electronic Signature of Registered Agent			Date
Officer/Dire	ctor Detail :			
Title	SECRETARY	Title	DIRECTOR	
Name	BONENFANT, BRENDA	Name	COOK, DIANE	
Address	1190 MEADOW LAKE ROAD	Address	1193 MEADOW LAKE RD	
City-State-Zip:	ROCKLEDGE FL 32955	City-State-Zip:	ROCKLEDGE FL 32955	
Title	DIRECTOR	Title	Ρ	
Name	WALLACE, JAMES	Name	MCFARLAND, RICK	
Address	1111 SUNDAY DRIVE	Address	1109 SUNDAY DR	
City-State-Zip:	ROCKLEDGE FL 32955	City-State-Zip:	ROCKLEDGE FL 32955	
Title	TREASURER			
Name	IVES, LINDA			
Address	1198 MEADOW LAKE ROAD			
City-State-Zip:	ROCKLEDGE FL 32955			

I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.

TREASURER

02/07/2017

FILED Feb 07, 2017

Electronic Signature of Signing Officer/Director Detail

Date

2017 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

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